University Hospitals Coventry and Warwickshire NHS Trust

Annual Plan 2011/12-2013/14

Contents

1.0 Executive Summary

The Annual Plan has been developed in line with the Compliance Framework for Foundation Trusts that requires the production of an Annual Plan for a three year rolling period to incorporate a strategic commentary of the past years performance and future outlook, including service plans, finances and risks.

The Annual Plan outlines the University Hospitals Coventry and Warwickshire NHS Trust's (UHCW) performance over the last year (2010/11) and sets out the plans for achieving the strategic business objectives for 2011/12, together with the following two years until 2013/14, which will be reviewed and updated on an annual basis.

The Annual Plan has been developed taking account of the wider context within which UHCW operates, including health strategy as well as other national and local issues. Health strategy has been influenced by the change in government from Labour to the Conservative/Liberal Coalition, following the General Election in May 2010. Health policy has been articulated through the White paper, 'Equity and Excellence – Liberating the NHS' and the Department of Health 2011/12 Operating Framework. Much of the change builds on previous policies of patient focused care, improving quality and outcomes, underpinned by system reform, that aims at increasing autonomy, accountability, and competition. The ideological shift together with the economic pressures, however, indicates that the scale and pace of change may be significant and rapid.

In October 2010, the Government announced details of the Spending Review for the four years from 2011/12-2014/15. The total health budget was increased by £10.6 billion over four years and a requirement for productivity gains of £20 billion. Local estimates indicate a gap for NHS Coventry of £35m and for NHS Warwickshire of £86m by 2014/15.

In recognition of the quality agenda and the financial challenge, Quality, Innovation, Productivity and Prevention (QIPP) has been introduced to support clinicians in driving up quality whilst improving efficiency. Whole health economy system plans are being developed to ensure a co-ordinated approach to the policy changes and the financial challenge; across Coventry and Warwickshire, this is through the Arden Cluster.

Within this wider context, it is recognised that new opportunities for development will be limited. New investment is unlikely and so the priorities will be to ensure existing services are efficient and to find new opportunities based on available resources. UHCW's strategic intent to Care, Achieve and Innovate remains and, along with the external strategies, is a key influence for the Annual Plan.

The table below summarises the key commissioners' strategies, the relationship with UHCW's organisational strategy and the resulting service priorities.

Table: Summary of relationship between commissioners' and UHCW plans

Commissioner	UHCW	
Arden Cluster System Plan – Quality Innovation Productivity and Prevention	**Organisational Strategy - Care Achieve Innovate**	**Service Priority**
• Improve health to reducing need for treatment	'Be an innovative leader in improving the social standards and health of the community, encouraging people to make healthy choices'	• Weight management • Sexual health
• Care closer to home and reduce need for acute care	'Develop innovative care models and improve the continuity of care from hospital to community services, to best suit patient need' (goal 4)	• Outpatient clinics • Community services • Unscheduled Care
• Manage demand through contracting/price efficiency and prioritisation/rationing	Improving the business and service framework (priority 3)	• Cost improvement programme • New technology
Other		
• Specialised Commissioning Team – Major Trauma Centre designation and Renal Services	Build a positive reputation and identity (priority 4)	• Major Trauma • Renal transplant
• National, Arden Cancer Network and NHS Worcestershire – Improving Cancer Services		• Cancer services – radiotherapy, and Worcester partnership
• National, regional and local commissioner – midwifery and paediatric service review		• Midwifery and paediatric services

The Trust continues to set itself a challenging agenda of development and change over the next year and looks forward to building on its achievements to date and continuing to improve the delivery of services to the people of Coventry and Warwickshire and beyond.

2.0 Introduction

The Trust's strategy and longer term plans are set out in the organisational strategy , 'A Clear Path Ahead 2009-2015' and the 'Integrated Business Plan' that has been developed to support the application to become a Foundation Trust. The Annual Plan outlines the University Hospitals Coventry and Warwickshire NHS Trust's (UHCW) performance over the last year (2010/11), reviews the strategic context in which it is operating and sets out the priorities for delivery.

One of UHCW's four strategic priorities is to improve the business and service framework'. The Annual Plan seeks to achieve this goal by providing a plan that aligns the service priorities with the underpinning infrastructure including workforce, finance, and facilities.

Whilst called an 'annual plan', in line with the requirement for Foundation Trusts, this Plan will not only cover the next financial year i.e. 2011/12 but it will also cover the two years thereafter i.e. 2012/13 and 2013/14. The detail for the 2012/13-2013/14, will then be updated and future years incorporated on a rolling basis annually thereafter.

[Note: Pathology services operate on a network basis across Coventry and Warwickshire and are excluded from this Annual Plan. A separate Annual Plan will be submitted and approved by the Pathology Network Board.]

3.0 Profile of the Trust

UHCW is one of the UK's premier healthcare providers with a reputation for innovation, achievement of NHS targets and policies, teaching and research, and high quality patient care. Jointly with the University of Warwick, UHCW has a flourishing medical school, and with Coventry University, a strong nursing and allied health professionals school.

A snapshot of 2009/10 shows that the Trust had a revenue budget of over £475 million, employed in excess of 6,000 staff, managed 1,250 beds and 32 operating theatres, and delivered services across two sites: University Hospital in Coventry and the Hospital of St Cross in Rugby.

The University Hospital in Coventry is one of the most modern healthcare facilities in Western Europe. Its completion in 2006 signified a major improvement in healthcare provision for patients, with our communities benefiting from £200 million of new medical and research equipment and a hospital that is at the forefront of digital imaging and technology. The Hospital of St Cross in Rugby is important in sustaining a local service to local people, and with our commitment to further develop the services available, we are extending the geographic boundaries of our activity in both core and specialist services.

UHCW provides both local acute hospital services to 500,000 people from Coventry and Rugby and tertiary / specialist hospital services to over 1 million people from Coventry, Warwickshire, and beyond (mainly West Midlands but also including Leicestershire and Northamptonshire). Approximately 92% of our referrals originate from within Coventry and Warwickshire, and we work closely with local partners to improve the quality and choice for patients through the delivery of integrated care pathways spanning community and hospital services.

The Trust will continue to balance the importance of its specialised services with providing core secondary services to the local population. The full range of services provided by UHCW is at Appendix 1.

4.0 Performance 2010/11

4.1 Finance

UHCW is on track to deliver the £1m surplus that was planned at the beginning of the year. The table below summarises the projected out-turn position of the Trust in 2010/2011

I&E Forecast Out-turn 2010/11		
	£'000s	£'000s
Income		
Contract Income	394,979	
Other Income	2,721	
Non contract Income	77,045	
Total Income		**474,744**
Expenditure		
Divisional Expenditure	(422,801)	
Depreciation	(23,155)	
PDC Dividend	(5,433)	
IFRS (Financing Costs)	(22,039)	
Reserves & Other	(317)	
Total Expenditure		**(473,744)**
Total Surplus/ (Deficit)		**1,000**

4.2 Activity

The table below identifies the planned activity for 2010/11 compared to actual activity.

	10/11 Activity Target	10/11 Activity Actual
Daycase Inpatient	51,549	52,091
Elective Inpatient	16,226	15,814
Emergency Inpatient	41,469	45,515
Non-Elective Inpatient	13,592	15,311
Outpatient Follow up	327,326	343,792
Outpatient New	208,880	207,972
Other	459,480	465,249

4.3 Operational 2010/11

4.3.1 2010/11 Care Quality Commission 'Periodic Review' Rating

During 2010/11, the Care Quality Commission confirmed that they would not be publishing an overall assessment of NHS providers on their performance in 2010/11. The Care Quality Commission confirmed that all NHS Trusts were registered under the new regulations of the Health and Social Care Act 2008 on 1 April 2010 and UHCW was compliant against all the registration standards.

However, in the absence of this clarification, UHCW continued to monitor performance during 2010/11 against the National Commitments and Priorities targets that formed the 2009/10 'Periodic Review'. The 'Periodic Review' was an independent assessment undertaken by the Care Quality Commission that generated a rating based on a four-point scale of "Excellent", "Good", "Adequate" or "Poor". The table below shows that for 2010/11 UHCW would have achieved a rating of Adequate against the National Commitment targets and Excellent against the National Priorities targets. Appendix 2 shows UHCW's performance against each of these targets.

National Commitments	National Priorities
Adequate	Excellent

The Care Quality Commission have confirmed that they do not intend to publish a similar 'Periodic Review' rating for UHCW for 2011/12.

4.3.2 2010/11 NHS Performance Framework

During 2010/11 the Department of Health performance managed acute Trusts that had not achieved foundation Trust status against the 2010/11 NHS Performance Framework. The NHS Performance Framework gives a rating based on a three point scale of "Performing", "Performance under Review" or "Underperforming". Appendix 2 shows the targets that formed the NHS Performance Framework Rating for 2010/11. The table below shows that for each quarter during 2010/11, UHCW achieved a rating of Performing.

PERIOD	Quarter 1	Quarter 2	Quarter 3	Quarter 4
RATING	Performing	Performing	Performing	Performing

During 2011/12 the Department of Health will assess UHCW against the 2011/12 NHS Performance Framework. In 2011/12 the NHS Performance Framework includes four new targets measuring the data quality of Accident and Emergency data. The NHS Performance Framework will also include continued improvement against the MRSA and clostridium difficile (C-diff) targets. The Department of Health will also continue to performance manage UHCW against the 4-hour, transit time target for accident and emergency and also performance against the 95th percentile wait for 18-week, referral to treatment pathways.

4.3.3 2010/11 Monitor Compliance Framework

During 2010/11 Monitor performance managed Foundation Trusts against the 2010/11 Monitor Compliance Framework. The Monitor Compliance Framework gives a rating

based on a four point scale of "Green", "Amber-green", "Amber-red" and "Red". Appendix 2 shows the targets that formed the Monitor Compliance Framework ratings for 2010/11. During 2010/11 UHCW undertook performance monitoring against the 2010/11 Monitor Compliance Framework. The table below shows that for each quarter during 2010/11, UHCW would have achieved a rating of green.

PERIOD	Quarter 1	Quarter 2	Quarter 3	Quarter 4
RATING	Green	Green	Green	Green

During 2011/12 Monitor will assess Foundation Trusts against the 2011/12 Monitor Compliance Framework. UHCW will undertake monthly performance monitoring against this framework during 2011/12 to support its application to be a Foundation Trust in 2012.

In conclusion, overall UHCW is achieving the main targets although Appendix 2 identifies individual areas for improvement. These will be addressed through the Annual Plan activities to focus on unscheduled care and ensure that there are robust capacity plans to deliver the contracted ctivity

5.0 Strategic Overview

5.1 National Strategy

Department of Health guidance for the NHS (including 'The NHS Plan', 2000; 'The NHS Improvement Plan', 2004; and 'The NHS Next Stage Review', 2008) has emphasised patient centred care that improves health and reduces inequality, offers choice for patients and represents value for money for the public.

To support the delivery of these goals, health system reforms have been introduced in parallel. The main themes are:

- Patient choice and national tariff
- Delivery and demonstration of quality services, and
- Competition.

Following the General Election in May 2010, there has been a change in the political environment, from a Labour Government to a coalition of Conservative/Liberal Government. Alongside this, there has been new policy which, for the NHS, has been articulated through 'Equity and Excellence – Liberating the NHS'. The central tenets of the White Paper are:

- Putting Patients First – ensuring that care is personalised and that patients have information to enable them to make informed choice
- Improving Healthcare Outcomes – emphasising safety and evidence based practice to deliver improved patient outcomes. Providers will be paid according to outcomes
- Autonomy, accountability and democratic legitimacy – empowering professionals and providers by allowing more autonomy whilst requiring accountability for results. To facilitate this, system changes are proposed including, GP led Commissioning, an NHS Commissioning Board to oversee outcomes and use of resources, local authority promotion of co-ordinated local NHS services, social

care and health improvement, all NHS Trusts to be or become part of a Foundation Trust.

- Cutting Bureaucracy and Improving Efficiency – the NHS will release over £20 billion of efficiency savings by 2014 and reduce management costs by 45% to invest in front line care

To reflect the policy direction and economic outlook, the Operating Framework introduced a number of changes to the payment system that will affect UHCW, namely:

- Quality payments – best practice tariffs that were introduced in 2010/11 will be expanded to cover additional services with the aim of improving quality and productivity
- Efficiency and value for money – tariff prices will be set to drive efficiency generally and specifically in targeted areas
- Integration and patient responsiveness – using tariff to drive integrated, whole systems approach to care
- Expanding the scope of tariff – to cover a greater range of services, including both specialist and community services

The impact of the above is that there will be significant financial pressures as a result of the reduction in income from tariff for the services that UHCW is commissioned to provide.

Much of this change builds on the previous policies, outlined above. However, the ideological shift towards increased competition and system reform, coupled with the economic pressures, indicates that the scale and pace of change may be significant and rapid. [Note: at the time of writing there is some uncertainty about the planned health service reforms due to the different political views within the coalition, particularly in relation to competition and GP commissioning]. In recognition of the quality agenda and financial challenge, Quality, Innovation, Productivity and Prevention (QIPP) has been introduced to support clinicians in driving up quality whilst improving efficiency.

UHCW will need to continue to focus on the quality of services provided as well as efficiency, in line with the strategic goals of Care and Achieve. UHCW will also need to be aware of the new changing health economy. There may be an increasing range of providers in the market and so the on going commitment to quality and efficiency will be critical. The change in commissioning responsibilities will mean that there is a need to establish new relationships, particularly with GP commissioners but also with Local Authorities and Commissioning Boards. There are already a number of channels for communicating and engaging with GPs and these are being developed to align with the emerging GP Commissioning Clusters.

5.2 Strategic Health Authority Priorities

The West Midlands Strategic Health Authority priorities are in relation to ensuring:

- fully engaged public, patients and staff – by ensuring people are treated with dignity and able to make informed choices and take control
- early intervention – by preventing ill health and introducing risk assessment to enable early identification and proactive diagnosis and management instead of reactive treatment
- care closer to home – services delivered as locally as possible

- sustainable – services that are productive and efficient

In line with the national drive towards Quality, Innovation, Productivity and Prevention (QIPP), the Strategic Health Authority has established a clinically led process to identify the main opportunities for improving quality and value through transformational change. As a result a list of priorities has been developed that all health economies will be required to address in their local plans.

5.3 Commissioning Priorities

5.3.1 Population

The majority of people using UHCW's services come from Coventry and Warwickshire (Rugby for general services and across Warwickshire for more specialist services). The combined population of Coventry and Warwickshire is approximately 830,000 people, with Coventry consisting of 307,000 people and Warwickshire, 523,000 people (the Office for National Statistics, 2006). Reflecting the wide referral area, the population is diverse. Coventry is an urban, younger and more ethnically diverse population whereas Warwickshire has a more rural-based, older and homogenous population.

Health services for these populations are commissioned by NHS Coventry and NHS Warwickshire. An analysis of referrals data for 2009/10 shows that approximately 92% of all referrals to UHCW are generated within NHS Coventry and NHS Warwickshire (63% and 29% respectively). Indeed, we are the dominant acute provider for referrals within NHS Coventry with approximately 91% of all referrals made to UHCW, reflecting the trend for GPs to refer our local population to us. We are however, focusing our efforts to increase this referral rate even higher.

Referrals are also received from outside the local health economy, from Leicestershire, Northamptonshire, Solihull, and Worcestershire. Generally those services which attract the larger volumes from outside our local health economy are tertiary, specialist services such as cardiothoracic and neurosurgery or specialties where we are designated as a major regional centre (e.g. Trauma and Orthopaedics).

5.3.2 Arden Cluster

In response to the White Paper 'Equity and Excellence' and the DH 'Operating Framework for the NHS in England 2011/12', NHS Coventry and NHS Warwickshire are expected to form as the Arden Cluster with one Chief Executive and one Executive from June 2011. Work has already commenced to align previous strategies into a single strategy, namely the 'Arden Cluster System Plan - 2011/12-2014/15'. The aim is to ensure the strategy is not simply an amalgamation of the previous commissioner strategies, but also includes the other organisations in the health and care system as it is recognised that the QIPP challenge requires a system wide approach to realise the benefits.

The Arden Plan includes modelling of the national figure of £20 billion gap between estimated spend and resources available, into a health economy estimate of approximately £122 million by 2014/15, as outlined in the table below.

PCT	2010/11 £000s	2011/12 £000s	2012/13 £000s	2013/14 £000s	2014/15 £000s	Total annual incremental savings over 5 years £000s
NHS Coventry	(2,926)	(13,117)	(8,539)	(9,667)	(1,649)	(35,899)
NHS Warwickshire	(3,160)	(49,886)	(15,141)	(10,496)	(7,587)	(86,270)
Cluster Total	**(6,086)**	**(63,003)**	**(23,680)**	**(20,163)**	**(9,236)**	**(122,169)**

In addition to the commissioner efficiencies, the Arden Plan recognises that providers within the System also need to contribute to the QIPP challenge and the Plan includes assumptions based on the impact of the required efficiency savings and loss of commissioner income as a result of QIPP schemes. The impact for UHCW is shown in the table below.

Provider	2010/11 £000s	2011/12 £000s	2012/13 £000s	2013/14 £000s	2014/15 £000s	Total annual incremental savings over 5 years £000s
UHCW	(22,875)	(28,000)	(20,000)	(20,000)	(20,000)	(110,875)

The NHS financial outlook is likely be further compounded by the Local Authority financial outlook. Both Coventry City Council and Warwickshire County Council are expected to face significant budget pressures for Adult Social Care and Children's services. There will be a transfer of funding from the NHS to the Local Authority to maintain current provision, support increasing demand and invest in service transformation.

The areas identified to offer the greatest opportunities for improving quality and efficiency are:

- Unscheduled Care
- Long Term Conditions
- Elective Care – including procedures of limited clinical value
- Outpatient Referrals and Follow-ups
- Prescribing

The QIPP schemes arising from the opportunities are outlined below, together with the programme themes under which they have been grouped.

Commissioner QIPP schemes	
Programme	**Scheme**
Running Costs	• Management cost reduction • Workforce • Estates
Contracting/ Price Efficiency	• Maternity

	• Medicines management • Contract price efficiency • Tariff development
Demand Management: Service Need reduction	• Tobacco control • Reducing Alcohol Harm • Sexual Health • Weight Management / Healthy schools / Childhood obesity • Annual Health checks
Demand Management: Service Development	• Prevention & Early intervention in dementia • Extended Community team • Clinical support to Nursing Homes • Specialist Community Teams for LTC • Reducing MH OOA placements • Redesign outpatients • Early intervention in psychosis and MHS • Primary Care Quality • Unscheduled care • Transforming Community Services • Ambulatory Care • Continuing Healthcare (adults) • Redesign of Rugby A&E • Oral surgery redesign • Provide Advice and Triage

5.3.3 Conclusion

In essence, the strategic analysis can be summarised as:

Increased demand	Growing population – elderly, families, morbidity New drugs and technologies
Reduced funding	Commissioner and provider efficiency savings
Quality **Innovation** **Productivity** **Prevention**	• Stop/reduce activity, tariff • Competition - Any willing provider, acute, community, GPs, LLPs, private • Care out of hospital
Structural change	NHS Commissioning Board GP led commissioning

The impact of the above for UHCW will be that, over the period of the Annual Plan, there will be significant financial challenge. First there is the impact of the national changes to tariff that will require significant efficiency savings. Secondly, there is the impact of the commissioner's strategies to manage demand and redesign services through initiatives to stop or reduce activity, to reduce costs for activity and to provide services in other settings by other providers. Specifically it is recognised that demand for secondary care is likely to be reduced in relation to:

- primary or community care where possible e.g. for patients with long-term, chronic conditions

- Inappropriate A&E attendances and non-elective admissions to hospitals through more effective triage delivered in local settings
- Elective activity by stopping referrals where there is no, or limited evidence about effectiveness, increasing the thresholds for when it is considered necessary for a patient to undergo surgery, and reducing interventions e.g. from inpatient to day hosital
- The number of days patients spend in hospital pre and post-treatment, and
- First follow-up outpatient ratio, so that these can be reduced where possible.

UHCW's strategy and plan below, outlines how UHCW will respond to these challenges.

5.4 UHCW Strategy / Vision / Objectives

Our strategy, which was developed in 2009, will guide our future direction and commitment to meet the health needs of the people we serve. The strategy was developed following an independent consultation with our staff, our patients, our visitors and our key partners. Our focus is on providing and improving quality of care, whilst embracing innovation to deliver enhanced productivity and improved services. It is based on four strategic priorities, supported by clear goals, to enable us to realise our vision to **Care, Achieve and Innovate.**

This vision supports the aims of the national and local strategic direction, outlined above, and is directly in line with the national and local Quality, Innovation, Productivity and Prevention agenda.

5.4.1 Vision

CARE	ACHIEVE	INNOVATE
Deliver the best care for our patients	Achieve excellence in education and training	Innovate through research and learning
Patient care is at the centre of our work, and we will focus on continually improving the quality of patient care and patients' experience.	We will support and inspire future generations of healthcare professionals by instilling a culture of achievement, education, training and development.	Through continuous innovation, we will strive to lead in improving patient care, driven by clinical leadership, championing research and collaborating with our partners.

5.4.2 Values and Behaviours

To achieve our vision we have developed three core values that are also aligned with the NHS Constitution. These values are a vital part in building a culture to operate compassionately, efficiently and effectively. This begins with our valued staff, and is for the benefit of all to deliver our strategic success.

We care and respect for all – We treat our patients and each other with courtesy, compassion, respect and dignity.

We achieve excellence through pride – We ensure our patients experience consistently safe and high-quality care while we demonstrate integrity in our actions, including using time, money and resources wisely.

We have freedom to innovate – We lead innovation by collaborating with partners on cutting-edge research, and supporting staff to be leaders in their field.

These values are the core of our culture and at the heart of our success. We want to ensure these values are implemented and staff 'live the vision and strategy' to better develop overall patient care and staff pride.

5.4.3 Strategic Priorities

The strategic priorities are the core areas that, with focused activity, will enable us to achieve our vision to **Care, Achieve and Innovate**.

The impact of each priority cuts across the entire Trust. That is, while the goals and activities undertaken within each priority go directly towards achieving that priority, they also indirectly contribute towards achieving the other three priorities. As such, effecting positive change in these four areas represents the most efficient and comprehensive approach to achieving our vision.

The four strategic priorities of the Trust are:

1. Delivering safe, high quality and evidenced patient care
2. Developing excellence in research, innovation and education
3. Improving the business and service framework
4. Building a positive reputation and identity.

These strategic priorities will underpin all service changes identified within the Annual Plan and are fundamentally in line with national and local strategic priorities for Quality, Innovation, Productivity and Prevention, as outlined further in section 8.

5.5 Strengths, Weaknesses, Opportunities and Threats Analysis (SWOT)

A comprehensive market assessment was conducted during 2009 and has been updated in 2011. The challenges and opportunities identified from the market assessment can be summarised as follows:

Strengths	**Weaknesses**
• High quality facilities • Good access to road and transport links, plus helipad • Main local acute provider – Cov/Rugby • Main tertiary provider – Cov/Warks • Good research facilities • Improved stakeholder perceptions/reputation	• High overheads • One access point to the hospital leads to congestion • Car parking on site • Private work limited by BMI • External stakeholder perceptions
Opportunities	**Threats**
• Competition – repatriation of tertiary services and care out of hospital, closer to home • Increasing Demand – demographics and morbidity • New technology – drugs and techniques • Structural changes – new relationships e.g. GP led commissioning etc	• Competitors – Acute Trusts, any qualified providers (private, community, GPs, LLPs) • Economic outlook – less activity and income plus tariff change • Structural changes – loss of existing relationships e.g. PCT commissioners

6.0 Financial Plan

6.1 Revenue

The income and expenditure plan for 2011/12 is as outlined below.

	Revised I&E Annual Plan 2011/12	
	£'000s	£'000s
Income		
Contract Income	389,595	
Other Income	2,483	
Non contract Income	65,157	
Total Income		**457,234**
Expenditure		
Divisional Expenditure	(389,072)	
Depreciation	(24,347)	
PDC Dividend	(4,581)	

IFRS (Financing Costs)	(21,100)	
Reserves & Other	(17,135)	
Total Expenditure		**(456,235)**
Total Surplus/ (Deficit)		**1,000**
Cost Improvement Programme		28,000

A detailed capacity plan will be developed in line with the agreed activity plan shown in section 7, to further refine the expenditure plans,.

6.2 Capital

The capital programme has been developed and prioritised, in line with estimated funds available, taking account of key strategic and other service development needs, together with essential requirements.

The available capital is £7,203,000 in 2011/12 of which approximately £1,000,000 is required to maintain existing services by ensuring compliance with statutory and mandatory/contractual requirements such as disabled access, legionella prevention, information systems upgrade and site security. A further £1,000,000 is linked with specific donations and grants for specific projects.

Strategic schemes, totalling approximately £3,000,000, include expenditure to commence development of a second access road to the hospital and additional car parking. This will address one of the key weaknesses identified in the market assessment in terms of congestion due to one point of access and limited on site parking. The other strategic schemes are related to improving communications and information about the services provided and to improving patient experience; through kiosks in outpatients that will allow self service for check in and follow up bookings.. Again, this is in response to the market assessment and the need to improve stakeholder perceptions. It is also in line with the aim to improve efficiency.

Other schemes aimed at improving efficiency include digital dictation, to reduce unnecessary processes in managing clinical letters; communications with GPs and clinical system upgrade, to reduce paper information and delays in reporting.

The detailed five year capital programme is included at Appendix 3.

7.0 Activity Plan

The activity plan for the next three years is as outlined in the table below.

	11/12 Target	12/13 Target	13/14 Target
Daycase Inpatient	49,359	50,346	51,353
Elective Inpatient	14,867	15,164	15,468
Emergency Inpatient	42,358	43,205	44,069
Non-Elective Inpatient	15,031	15,332	15,638

Outpatient Follow up	358,616	365,788	373,104
Outpatient New	206,348	210,475	214,684
Other	511,773	522,008	532,449
[redacted]			

Note: Growth assumptions for 2012/13 and 2013/14 assume 2% growth in line with Long Term Strategic Model

A capacity plan will be developed to ensure resources are aligned to the activity plan.

8.0 Service Plan

In light of the context, described above, service plans are critical to enable services to be developed and delivered within the resources available. It is recognised that there will not be additional funding, and that resources will be reduced in real terms. The service plans recognise this and focus on maximising resources that will be available, in line with national and commissioner priorities.

8.1 Strategic Service Priorities

The key strategic service priorities will be those areas that align with external stakeholders and UHCW's Organisational Strategy. The table below illustrates the relationship between the external and internal strategies and the resulting main service priorities.

Commissioner	**UHCW**	
Arden Cluster System Plan – Quality Innovation Productivity and Prevention	**Organisational Strategy - Care Achieve Innovate**	**Service Priority**
• Improve health to reducing need for treatment e.g. weight management, smoking cessation, sexual health	Delivering, safe, high quality and evidence based patient care' (priority 1) 'Be an innovative leader in improving the social standards and health of the community, encouraging people to make healthy choices' (goal 5)	• Weight management • Sexual health
• Service development to provide care closer to home and reduce need for acute care	'Develop innovative care models and improve the continuity of care from hospital to community services, to best suit patient need' (goal 4)	• Outpatient clinics • Community services • Unscheduled Care
• Manage demand through contracting/price efficiency and prioritisation/rationing	Improving the business and service framework (priority 3)	• Cost improvement programme
Other		

• Specialised Commissioning Team – Major Trauma Centre designation and Renal Services • National, Arden Cancer Network and NHS Worcestershire – Improving Cancer Services • National, regional and local commissioner – midwifery and paediatric service review	Build a positive reputation and identity (priority 4)	• Major Trauma • Renal transplant • Cancer services – radiotherapy, and Worcester partnership • Midwifery and paediatric reconfiguration • New technology

The key strategic service developments for UHCW are therefore in support of local and national priorities that can be themed as improving health, providing services as close to home as possible, and as centralised as necessary. Details of the service priorities, against these themes, are outlined below.

8.1.1 Health Improvement

It is recognised that UHCW has a role in the wider public health agenda and will support the Local Health Economy in promoting health and well being. UHCW is already a willing provider to deliver smoking cessation services which, it is believed, will not only benefit the population and the commissioners, but will also benefit the organisation through improving efficiency, for example reducing lengths of stay.

Looking ahead, it is believed that obesity services are a national and local priority that we will be able to support. There is already a spectrum of services that can be offered ranging from research, through to public education via the dietetic service, weight management from the diabetes service and ultimately through bariatric surgery for which UHCW is a designated provider.

Another area for development is sexual health services. Following a successful bid to host the services, it is planned to transfer the genitourinary medicine services at the Hospital of Rugby St Cross from NHS Warwickshire to UHCW and this will be an area for review.

8.1.2 Care Close to home

Outpatient clinics are already provided closer to the populations served, for example in Leicestershire and Coventry. Plans are being developed with Leicester County and Rutland to expand the specialties covered and other opportunities will be explored.

Community service provision will also been developed away from traditional models of outpatient clinics. Diabetes and Chronic Obstructive Pulmonary Disease (COPD) services transferred to UHCW from NHS Coventry from April 2011. It is planned to develop these services to ensure a fully integrated pathway from primary to secondary care, with a focus on preventing unnecessary use of acute services. The experience

gained in delivering community services will be used to offer integrated models of care for other services that commissioners are seeking to redesign, including musculoskeletal, dermatology,and heart failure.

Another area that is a shared priority is unscheduled care. The integrated community services outlined above are expected to proactively manage long term conditions that have historically been managed reactively as emergency admissions. In addition, there will be a number of specific Accident and Emergency and admission avoidance developments.

Internally, work will be undertaken to redesign pathways and improve patient flows within UHCW. Externally, NHS Coventry has agreed to fund a UHCW nurse for two years to work with GPs in supporting nursing homes to manage older people and prevent inappropriate admissions to hospital.

Following a consultation exercise by NHS Warwickshire, the A&E department at the Hospital of Rugby St Cross will be redesignated as a nurse led unit and integrated with the Walk in Centre, which transferred to UHCW from NHS Warwickshire from April 2011. The development of the nurse led model is expected to be phased over a two year period, with an interim model involving a consultant during the day and evening with GP cover over night.

8.1.3 Efficiency

Commissioner plans seek to manage demand by both contracting/price efficiency and by prioritisation/rationing services. In order to manage the anticipated reductions it is therefore expected that capacity and costs will be reduced accordingly and that efficiency and productivity of services will increase. This is in line with our strategic priority to improve the business and service framework.

The revenue plan outlined in section 6.1 above identifies a Cost Improvement Plan of £28million that is intended to address the efficiency savings agreed with commissioners and the reduction in tariff. A range of schemes have been identified and will continue to be identified to improve efficiency whilst maintaining high quality service delivery. Service Line Reporting has been introduced and will continue to be used to review and manage variations between cost and income.

8.1.4 Specialist Care

Whilst national and local policy is to provide services as close to home as possible, it is recognised that certain services also need to be as centralised as necessary. This means that for those certain services which tend to be low volume and highly specialised in terms of equipment, facilities and staffing, acute care remains the only option. Further, some of these services are so specialised that only Teaching Hospitals such as UHCW are an option.

Renal Transplant

Renal transplantation at UHCW has gone from strength to strength over the last five years and it is anticipated the following five years will see continued growth. UHCW is now one of the nationally leading centres and is able to support care of the wide catchment area through innovative approaches, such as the use of telecare for follow up care of patients. In view of the anticipated growth, coupled with excellent outcomes and reputation, it is believed this is an area for development. This is one of three major service developments identified within the Foundation Trust application.

Major Trauma

A significant opportunity on the horizon is major trauma, for which NHS West Midlands commissioned a review in 2009 and identified a number of options for the provision of adult major trauma services. The Specialised Commissioning Team identified UHCW as one of the potential providers (together with University Hospital Birmingham and University Hospital North Staffordshire) and an option appraisal for either two or three designated centres is being undertaken. In addition to activity for NHS West Midlands, there is also potential activity from East Midlands. In view of the importance of this service and the relationship with other services, such as neurosciences, this is identified as another one of the three major service developments within the Foundation Trust application. As an example of the high quality of the current UHCW service, data from the national trauma reporting system (TARN) shows that patients taken to University Hospital's Emergency Department receive vital scanning quicker (within 35 minutes) than any other hospital nationally.

Cancer Services

Cancer services continue to be a national priority in terms of improving services and outcomes. Increasing radiotherapy fractions is a key national target and therefore of importance to UHCW as the main provider for the Arden Cancer Network. The requirement for care closer to home has meant that NHS Worcestershire has undertaken a procurement exercise for a local service and UHCW was successful in a partnership bid with Worcester Acute Trust to provide the service. This will mean that Worcester Acute Trust will deliver the fractions but it is expected that radiotherapy fractions provided by UHCW will increase as a result of both the increasing population and the increase in the target number of fractions per patient. Further, it is expected that the partnership working with Worcester will improve pathways and increase the volume of referrals to us for surgery. This as another of the three major service developments identified in the Foundation Trust application. Research is also a continuing area with the Arden Cancer Research Centre opening at the Trust last year and the Arden Cancer Research Network based at University Hospital praised for its outstanding increase in recruiting patients to randomised trials.

Maternity and Paediatrics

UHCW has agreed with GEH, SWFT and NHS Coventry and NHS Warwickshire, to establish integrated maternity and paediatric services. The objective of this is to improve the sustainability and consistency of service delivery, and to progress medical staffing education and recruitment, across the whole local health economy.

A detailed option appraisal, and consultation document is being developed by commissioners with the support of local providers, to ensure the ongoing sustainability of service provision across the Local Health Economy.

New Technology

As a new PFI hospital, UHCW is generally well provided for in terms of equipment and replacements. As a Teaching Hospital, there is a need to keep abreast of new technologies and techniques. These opportunities will be assessed against how they will improve the outcomes for patients, as well as the efficiencies for the organisation and the wider health economy.

Two particular areas that it is planned to develop are interventional radiology and robotics. Interventional radiology is identified within neurosciences above. In relation to robotics, it is intended to become one of the first providers in the West Midlands to deliver robotic surgery. It is believed this will not only improve outcomes for patients but

will also improve efficiency for the organisation, through shorter lengths of stay, and ultimately will improve efficiency for commissioners through reduced bed numbers.

8.2 Specialty Service Plans

In addition to the schemes identified above, service plans have been developed by all specialties. The specialty plans reflect the changes needed to maintain existing services, as well as aspirations to develop new services. These will be developed in year to determine feasibility.

The areas outlined below are examples of planned service changes.

Neurosciences

Neurosciences are regarded as central to UHCW's provision both in terms of supporting key pathways such as stroke and major trauma and in offering opportunities for development. Interventional radiology in neurosciences is a particular area that is is intended to develop. Neuro-rehabilitation is another possible development. A service is currently provided from Royal Leamington Spa Rehabilitation Hospital and NHS Warwickshire has indicated that this is a potential service for transfer to UHCW.

Cardiology

It is intended to maintain and develop cardiology services by working in partnership with others to provide hub and spoke models whereby general acute hospitals provide the more routine procedures and UHCW provides the more specialist services. Specific developments include Electrophysiology Service (EPS) in partnership with Heart of England FT and minimal invasive technology (TAVI), subject to commissioner approval.

Nutrition

Following an external assessment by the Royal College of Physicians, UHCW is seeking to strengthen its nutritional services. Clinical leadership is already being addressed and during 2011/12, it is planned to address the wider, multi disciplinary input

.

Vascular Services

In line with Department of Health Operating Framework, it is planned to develop a screening service for Abdominal Aortic Aneurysms across Coventry and Warwickshire in 2011/12. The service will be aimed at men over the age of 65 and screening will take place in the community. As a result it is expected that emergency admissions will be avoided. Where elective surgery is required, the intention is to provide this from UHCW to ensure that clinical competencies are retained by providing a centralised service, as opposed to dispersed, local services.

Centre for Reproductive Medicine

UHCW has a comprehensive diagnostic and treatment centre with expertise in a number of fields including infertility, recurrent miscarriage, and reproductive surgery. Centres of this nature are limited and so it is planned to ensure that these services are fully publicised and offered to as wide a population as possible.

9.0 Foundations for Delivery

The strategic priority for 'improving the business and service framework' requires that the supporting infrastructure is aligned to deliver the service priorities outlined above. The key elements for achieving this are outlined below.

9.1 Workforce

It is the aim that the workforce at UHCW meets the needs of the overall strategy of Care, Achieve and Innovate. This is highlighted in the detailed HR Business Plan that supports the main themes in this Annual Plan. This plan supports the three main pillars of the organisational strategy and emphasises that the workforce is a vital ingredient to the success of our organisation and its aspirations.

The priorities for the workforce are also based on ensuring delivery of the highest quality of care and this can only be achieved where the highest calibre of staff are attracted and retained. In addition, it is recognised that given the financial climate at this time and the foreseeable future, it is important that the workforce delivers efficiency and optimum productivity, alongside quality.

The morale of staff is taken very seriously and it is therefore recognise that listening to what staff have to say is an important gauge in determining how the organisation behaves. Therefore, using feedback through 'Staff Impressions Survey' and the National Staff Survey is important alongside the Patient Survey's to ensure understanding and appropriate actions are taken, based the feedback received.

UHCW works hard at supporting staff to achieve the highest standards of care at work, recognising all staff, whether they work in front line services or support services, as having an important contribution to make to the success of the Trust. The workforce key performance indicators are used as a significant tool to understand the satisfaction of staff. At this time the indicators are demonstrating absence rates of under 4% alongside turnover rates that are significantly lower than the national average. The aim is to continue to work hard in partnership with staff to surpass local and national targets for workforce and make UHCW an employer of choice.

The challenge of greater levels of productivity can only be achieved where UHCW is able to manage a workforce that has the capacity, capability and the flexibilities to change alongside the expectations of service delivery in the next few years.

Therefore, in order for the workforce to meet the needs of the service there is an emphasis on management and staff development in order that there is the capability to manage the services now and in the future. The requirement for integrated workforce plans that provide future assumptions for workforce changes alongside service changes, is also recognised. This will allow the Trust to manage change effectively and develop staff accordingly to meet the future need of the service.

9.2 IM&T

The Trust is focussed on IM&T as an enabler to support effective clinical & business processes and this is reflected in the capital programme described in section 6.2 above and Appendix 3 below.

The Clinical Results Reporting System (CRRS) has continued to be developed as the Trust's Electronic Patient Record, providing the right information in the right place at the right time in support of safe and high-quality patient care.

Technology is being used to support business process changes to drive efficiency savings in the organisation, both clinical and administrative. All requesting of diagnostic and occupational and physiotherapy services is now paperless and UHCW is pursuing a strategy of capturing information once, at the point of care, to feed clinical and management reporting.

Electronic links with GPs have also been developed to enable clinical correspondence to be sent directly into GP systems in a timely manner, enhancing patient care and affording efficient, paperless working; the links are already being rolled out across Coventry and is completing in Warwickshire in 2011-12.

UHCW is continually developing, with due security, governance, wireless and remote access to systems to enable flexibility on working and real time information.

Remote access to email systems, using a secure password has recently enabled greater opportunity for off-site work and afforded improvements in flexible working and the work-life balance.

9.3 Facilities Management

The Trusts PFI University Hospital and Hospital of St Cross offers the Trust an excellent mix of building facilities to meet the challenging clinical and operational developments within the NHS today.

The University Hospital has world class state of the art facilities which are being managed at a high standard, these facilities are designed to ensure that the estate not only facilitates the changing clinical and healthcare needs, but also ensure high quality and safe environments for patients, visitor and staff.

In this annual plan cycle, one of the critical projects will be the delivery of the rear access road to help overcome the site congestion. There will also be continuing development of the over arching site car parking strategy and the associated facilities.

The Hospital of St Cross is also a key resource in the Trusts ability to flex the delivery of clinical services, the Trust are investing time and resources in ensuring this estate compliments the challenges facing the Trust in the coming years.

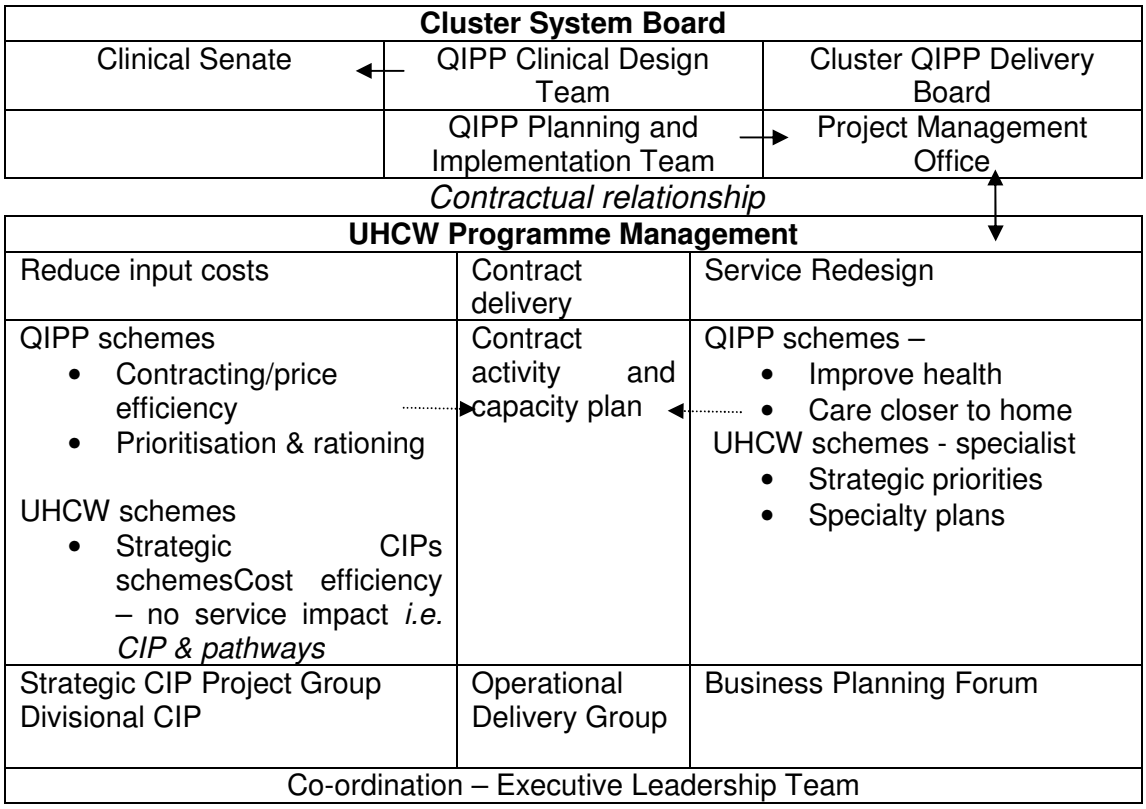
It is recognised that there needs to be closer working with other service providers in the areas of healthcare, including PCT/GP Commissioners, Social Services and other key stakeholders and we are engaging in a proactive way to facilitate the delivery of joint development projects including developing and strengthening community services. This activity stream includes ensuring the efficient utilisation of accommodation and our ability, by working with key stakeholders, in assessing the opportunities of providing shared services in key areas.

The role that facilities can play in supporting the Trust achieving its financial targets is also fully recognised. UHCW is therefore working closely with the PFI Partners and other key stakeholder to deliver significant cost improvements whilst maintaining and in key areas improving the service delivery outcomes.

10.0 Delivering the Plan

The Arden Cluster Plan includes details of the proposed Project Management arrangements for the QIPP schemes including a Delivery Board, reporting to the Cluster System Board, supported by a Clinical Design Team, a Planning and Implementation Team, and a Project Management Office.

UHCW will work with the Cluster to support delivery of the QIPP schemes and will establish its own internal arrangements to drive forward the work for UHCW specific QIPPs, including the Cost Improvement Programme. The diagram below illustrates the Cluster and UHCW relationship.



11.0 Risk Analysis

The major risk going forward is in relation to the challenging financial climate. This will require the health economy to deliver the planned programme of QUIP schemes, supported by UHCW specifically in relation to aligning capacity with agreed activity levels and implementing the Cost Improvement Programme. The Annual Plan demonstrates that UHCW is clear about the priorities across the health economy and its role in ensuring delivery. The Annual Plan also demonstrates that, whilst UHCW recognises the economic outlook, it will be proactive in seeking new opportunities for development.

Glossary

COPD	Chronic Obstrcutive Pulmonary Disease. Aa respiratory disease
CQUIN	Commissioning for Quality and Innovation – scheme for including quality and safety metrics within contracts
DoH/DH	Department of Health - government department
FT	Foundation Trust
ICT	Information and Communication Technology
IT	Information Technology
LHE	Local health economy is the geographical area of health service commissioners (purchasers) and providers
PCT	Primary Care Trust - NHS organisations that commissions (purchases) health care to meet the needs of their population, some also provide community services
PFI	Private Finance Initiative – method of funding capital developments
PROMS	Patient Reported Outcome Measures – method for gaining patient perception of impact of treatment
QIPP	Quality, Innovation, Productivity and Prevention – a national approach to improve quality and efficiency of health services
SHA	Strategic health authorities manage the NHS locally and are a key link between the Department of Health and the NHS.
UHCW	University Hospital Coventry and Warwickshire NHS Trust

Appendix 1

Services Provided by UHCW NHS Trust

The following services are provided at University Hospital in Coventry:

General Acute Services		Specialised Services	Diagnostic and Clinical Support Services
A&E and acute medicine	Neurology Neurophysiology	Bariatric Surgery	Biochemistry
Age related medicine and rehabilitation	Obstetrics	Bone marrow transplantation	Dietetics
Anaesthetics	Ophthalmology	Invasive cardiology	Echo Cardiography
Assisted Conception	Optometry	Cardiothoracic Surgery	Endoscopy
Audiology	Orthodontics	Clinical Physics	Haematology
Cardiology	Orthoptics	Haemophilia	Histopathology
Critical care	Paediatrics	Neonatal intensive care & special care	Medical physics/nuclear medicine.
Dermatology	Pain management	Neuro Imaging	Microbiology
Diabetes* & Endocrinology	Plastic surgery	Neurosurgery	Neurophysiology
Ear, Nose and Throat	Renal Medicine	Oncology & Radiotherapy	Occupational therapy
Gastroenterology	Reproductive medicine	Palliative care	Pharmacy
General medicine	Respiratory medicine*	Renal Dialysis and Transplantation	Physiotherapy
General surgery	Rheumatology	Plastic Surgery	Radiology
Gynaecology	Trauma and orthopaedics		Respiratory function testing
Haematology	Urology		Ultrasound
Maxillo facial surgery	Vascular surgery		Vascular investigation
	*including community based service		

The following services are provided at the Hospital of St Cross in Rugby:

Ambulatory Care	Urgent Care Centre	Specialist Centres
Day surgery	Minor Injuries Unit	Retinal Screening Centre
Overnight stay surgery	GP out of hours service	Colorectal cancer screening centre
Outpatient services	Walk In centre	Genitourinary
Endoscopy		
Satellite Renal dialysis unit		
Diabetes Unit		
Dermatology		
Audiology		

Diagnostic and Clinical Support Services	Acute Medicine	Rehabilitation
Physiotherapy	Inpatient elective services	Cardiac Rehab
Occupational Therapy	Inpatient non-elective services	Mulberry Rehab Unit
Dietetics	Intermediate Care	
Surgical Appliances		
Laboratory Services	**Acute Surgery**	**Services based at St Cross, but provided by other organisations**

Phlebotomy Pharmacy Medical Measurement (ECG, ECHO) Magnetic Resonance Imaging (MRI) scanning CT scanning X-ray including ultrasound scanning Mammography (breast screening) Bone density (Dexa Scans)	Inpatient elective surgery	Myton Hospice Mental health unit Social services Dive Recompression Centre Speech and Language Therapy

Appendix 2

2010/11 PERFORMANCE FOR UNIVERSITY HOSPITALS OF COVENTRY AND WARWICKSHIRE NHS TRUST AGAINST CARE QUALITY COMMISSION, MONITOR AND DEPARTMENT OF HEALTH PERFORMANCE FRAMEWORKS

TARGET	CQC 'PERIODIC REVIEW'	2010/11 MONITOR COMPLIANCE FRAMEWORK	2010/11 NHS PERFORMANCE FRAMEWORK	THRESHOLD TO ACHIEVE	2010/11 CUMULATIVE OUT-TURN / MARCH 2011
Four-hour maximum wait in A&E from arrival to admission, transfer or discharge	✓	✓	✓	≥ 95.00%	96.07%
Cancelled Operations - Percentage of patients whose operation was cancelled, by the hospital, for non-clinical reasons, on the day of or after admission	✓			≤ 0.80%	0.88%
Cancelled Operations - Percentage of patients whose operation was cancelled, by the hospital, for non-clinical reasons, on the day of or after admission, who were not treated within 28 days	✓		✓	≤ 5.00%	4.56%
Delayed transfers of care	✓		✓	≤ 3.50% (≤ 4% for NHS Performance Framework)	5.83%
Ethnic coding data quality - Inpatients	✓			≥ 85.00%	97.98%
Rapid access chest pain clinic waiting times	✓		✓	≥ 98.00%	100.00%
Reperfusion waiting times - Percentage of eligible patients with acute myocardial infarction who received primary PCI within 150 minutes of calling for professional help	✓		✓	≥ 75.00%	83.44%
18 week referral to treatment times - 18 wks - Admitted RTT	✓			≥ 90.00%	93.02%
18 week referral to treatment times - Admitted data completeness	✓			Between 80% and 120%	95.44%
18 week referral to treatment times - Admitted Treatment Functions (total 20)	✓			20	16
18 week referral to treatment times - Non-admitted RTT	✓			≥ 95.00%	96.60%
18 week referral to treatment times - Non-admitted data completeness	✓			Between 80% and 120%	81.15%

TARGET	CQC 'PERIODIC REVIEW'	2010/11 MONITOR COMPLIANCE FRAMEWORK	2010/11 NHS PERFORMANCE FRAMEWORK	THRESHOLD TO ACHIEVE	2010/11 CUMULATIVE OUT-TURN / MARCH 2011
18 week referral to treatment times - Non-Admitted Treatment Functions (total 20)	✓			20	17
18 week referral to treatment times - Direct access audiology	✓			≥ 95.00%	100.00%
18 week referral to treatment times - Direct access audiology data completeness	✓			Between 80% and 120%	122.71%
18 week referral to treatment times - admitted - median			✓	≤ 11.1 weeks	5.90
18 week referral to treatment times - admitted - 95th percentile			✓	≤ 27.7 weeks	19.93
18 week referral to treatment times - non-admitted - median			✓	≤ 6.6 weeks	4.40
18 week referral to treatment times - non-admitted - 95th percentile			✓	≤ 18.3 weeks	16.60
18 week referral to treatment times - incomplete - median			✓	≤ 7.2 weeks	4.90
18 week referral to treatment times - incomplete - 95th percentile			✓	≤ 36 weeks	21.00
Cancer diagnosis to treatment waiting times - Percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	✓	✓	✓	≥ 96.00%	99.74%
Cancer diagnosis to treatment waiting times - Percentage of patients receiving subsequent surgery treatment within one month (31 days) of a decision to treat	✓	✓	✓	≥ 94.00%	99.24%
Cancer diagnosis to treatment waiting times - Percentage of patients receiving subsequent drug treatment within one month (31 days) of a decision to treat	✓	✓	✓	≥ 98.00%	99.79%
Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments)		✓	✓	≥ 94.00%	98.17%
Cancer urgent referral to first outpatient appointment waiting times - Percentage of patients first seen by a specialist within two weeks when	✓	✓	✓	≥ 93.00%	94.52%

TARGET	CQC 'PERIODIC REVIEW'	2010/11 MONITOR COMPLIANCE FRAMEWORK	2010/11 NHS PERFORMANCE FRAMEWORK	THRESHOLD TO ACHIEVE	2010/11 CUMULATIVE OUT-TURN / MARCH 2011
urgently referred by their GP or dentist with suspected cancer					
Cancer urgent referral to first outpatient appointment waiting times - Percentage of patients first seen by a specialist within two weeks when urgently referred with any breast symptom except suspected cancer	✓	✓	✓	**≥ 93.00%**	**93.72%**
Cancer urgent referral to treatment waiting times - Percentage of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	✓	✓	✓	**≥ 85.00%**	**88.05%**
Cancer urgent referral to treatment waiting times - Percentage of patients receiving their first definitive treatment for cancer within two months (62 days) of urgent referral from the national screening service	✓	✓	✓	**≥ 90.00%**	**94.06%**
Cancer urgent referral to treatment waiting times - Percentage of patients receiving their first definitive treatment for cancer within two months (62 days) of urgent referral from a consultant (consultant upgrade) for suspected cancer	✓	✓	✓	**≥ 90.00%** (≥ 85% for NHS Performance Framework)	**95.24%**
Clostridium difficile infections (national target)	✓	✓	✓	**≤ 208** (local target of ≤ 110)	**104**
MRSA Bacteraemias	✓	✓	✓	**≤ 7**	**4**
Screening all elective in-patients for MRSA		✓		**≥ 100.00%**	**126.00%**
Engagement in clinical audits	✓			**Part 1: 100% Part2: ≥ 50%**	**G**
Maternity data quality	✓			**≤ 15%**	**G**
Participation in heart disease audits	✓			**Part 1: 100% Part2: ≥ 50%**	**G**
Patient experience	✓			**Consistent with or better than average**	**G**
Quality of stroke care	✓		✓	**≥ 60.00%**	**80.03%**
Self-certification against compliance		✓		**Compliance**	**G**

TARGET	CQC 'PERIODIC REVIEW'	2010/11 MONITOR COMPLIANCE FRAMEWORK	2010/11 NHS PERFORMANCE FRAMEWORK	THRESHOLD TO ACHIEVE	2010/11 CUMULATIVE OUT-TURN / MARCH 2011
with requirements regarding access to healthcare for people with a learning disability					
Smoking during pregnancy and breastfeeding initiation rates - Smoking rates at time of delivery	✓			**≤ 13.60%**	**15.03%**
Smoking during pregnancy and breastfeeding initiation rates - Smoking data completeness	✓			**≥ 95.00%**	**98.86%**
Smoking during pregnancy and breastfeeding initiation rates - Breast feeding initiation	✓			**≥ 72.66%**	**76.19%**
Smoking during pregnancy and breastfeeding initiation rates - Breast feeding data completeness	✓			**≥ 95.00%**	**99.75%**
Staff satisfaction	✓			**Consistent with or better than average**	**G**

Key:

Achieved target
Underachieved target
Failed target

Appendix 3

University Hospitals Coventry and Warwickshire NHS Trust

Capital Programme 2011/12 - Funding

	2011/12 £'000
Sources of Funds:	
Retained Surplus	1,000
Depreciation (excl donated & Other Finance Leases)	23,371
Capital Investment Loan	0
Finance leases	222
Donated or Granted Assets	580
Public Dividend Capital Funding	52
Asset Disposal Proceeds	775
Funds Applied to Improve Liquidity	-1,775
	24,225
Less cash pre-commitments:	
Working Capital Loan Repayments (Existing)	-2,000
Capital Investment Loan Repayments (Existing)	-1,500
PFI Finance Lease Principal Repayments	-1,280
PFI Lifecycle Payments Main UP	-10,190
PFI Lifecycle Payments Variations UP	-2,052
	-17,022
Funding available	**7,203**

	2011/12 £'000
Statutory Schemes	593
Mandatory Schemes	270
Donated/Grant/PDC/Lease Funded	914
Key Strategic Schemes	2,900
Health & Safety Schemes	83
In Progress Schemes	102
Efficiency schemes	258
Contingency (Medical/IT/Estates)	2,083
Capital programme	**7,203**

	2011/12 £'000
PFI Lifecycle Expenditure	3,042
Non-PFI Capital	7,203
Gross Capital Expenditure	**10,245**
Less Disposals (at Net Book Value)	-775
Less Donations	-580
Capital Resource Limit	**8,890**

University Hospitals Coventry and Warwickshire NHS Trust

Capital Programme 2011/12 - Expenditure

		Budget Holder	2011/12 £'000
	Statutory Schemes		
1	Legionella Improvements	Estates	50
2	Disability Discrimination Act (St Cross)	Estates	23
3	Neurosurgical Instruments for CJD Prevention	Medical	500
4	Blood Tracking	ICT	20
	Sub-Total: Statutory Schemes		**593**
	Mandatory/Contractual Schemes		
5	LE2.2 MR5 Upgrade	ICT	20
6	Oncoloy System Upgrade	Medical	50
7	Hospital of St Cross Lifecycle	Estates	200
	Sub-Total: Mandatory Schemes		**270**
	Donated/Grant/PDC/Lease Funded		
8	AAA Screening Equipment	Medical	52
9	AV Equipment for Clinical Skills Suite	Medical	130
10	Arden Cancer	Estates	450
11	Delfia Xpress Instrument	Medical	34
12	T3000 & T2000 Cytology Processors	Medical	188
13	Dementia Lounge	Estates	60
	Sub-Total: Donated/Grant/PDC/Lease Funded		**914**
	Key Strategic Schemes		
14	Rear of Site - Access & Parking	Estates	2,000
15	Wi-Fi Network and Mobile Devices	ICT	500
16	Intranet/Web Content Management System	ICT	100
17	Gate 1 (Patient Kiosks)	ICT/Estates	300
	Sub-Total: Key Strategic Schemes		**2,900**
	Health & Safety Schemes		
18	Hospital at Night	ICT	50
19	Bladder Scanner	Medical	10
20	Car Park Security	Estates	23
	Sub-Total: Health & Safety Schemes		**83**
	In Progress Schemes		
21	CEBIS	ICT	12
22	e-Rostering	ICT	50
23	Generator Replacement	Estates	20
24	Business Intelligence	ICT	20
	Sub-Total: In Progress Schemes		**102**
	Efficiency Schemes		
25	Digital Dictation	ICT	208
26	GP and Community Communications	ICT	25
27	Dendrite Upgrade	ICT	25
	Sub-Total:		**258**
28	**Contingency** (Medical/IT/Estates)		**2,083**
			7,203

Aspirational Developments

Robotic Surgery Equipment (£2.16m)

Digital Histopathology System (£1.02m)